



# NOTICE OF DISPOSAL (NOD) / NEW OR REVISED PERMIT APPLICATION

STATE OF ALASKA,

WASTE DISPOSAL GENERAL PERMIT:

**2021DB0002 – CLASS I INJECTION WELL WASTE DISPOSAL**

Please submit this NOD electronically to: [dec.water.oilandgas@alaska.gov](mailto:dec.water.oilandgas@alaska.gov) and send a hardcopy to:

## ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

### Wastewater Discharge Authorization Program

555 Cordova Street

Anchorage, Alaska 99501

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by the State of Alaska General Permit 2021DB0002 – Class I Injection Well Waste Disposal General Permit (Permit). Authorization under the Permit covers injection of waste beneath the lowermost underground source of drinking water through an EPA-approved Class I Underground injection well. EPA is the primary jurisdictional authority for deep subsurface disposal in Class I UIC wells. For more information visit <https://www.epa.gov/uic/underground-injection-control-region-10-ak-id-or-and-wa>.

## SECTION 1 – PERMIT INFORMATION

Previous State Authorization or Permit No. (if applicable):

### Please indicate application details:

- ☐ Existing Permittee with a Permit Revision: Applicant with existing State of Alaska General Permit 2021DB0002-Class I Injection Well Waste Disposal General Permit submitting a revision. (See Section 1.1.1.2).
- ☐ New Applicant: Applicant with current EPA Class I UIC Permit seeing first-time coverage under State of Alaska General Permit 2021DB0002-Class I Injection Well Waste Disposal General Permit. (See Section 1.1.1.1)
- ☐ Copy of EPA Permit is attached with NOD form. (See Section 1.1.1).

EPA Class I Injection  
Well Permit #:

List Applicable  
Wells:

<b>SECTION 2 – FACILITY INFORMATION</b>			
Facility Name:		Phone:	
Name of Contact Person:		Fax:	
Facility Mailing Address:		State: AK	Zip:
Email Address:			
<b>SECTION 3 – RESPONSIBLE PARTY INFORMATION</b>			
Owner/Operator or Person responsible for overall management of the project and discharge			
First Name:	Last Name:	Phone:	
Title:			
Mailing Address:		Fax:	
City:	State:	Zip:	
E-mail Address:			
<b>SECTION 4 – ON-SITE CONTACT/OPERATOR INFORMATION</b>			
[ ] Check if same as Responsible Party			
First Name:	Last Name:	Phone:	
Title:			
Mailing Address:		Fax:	
City:	State:	Zip:	
E-mail Address:			
<b>SECTION 5 – BILLING INFORMATION</b>			
First Name:	Last Name:	Phone:	
Title:			
Mailing Address:		Fax:	
City:	State:	Zip:	
E-mail Address:			

**SECTION 6 – ATTACHMENTS**

(The applicant must submit the following attachments with the NOD):

Attachment Requirements	Attachment Reference	Description and Permit Reference
Copy of EPA Underground Injection Control Permit and Application (WAP to be included with EPA application).		Submit a Copy of EPA Underground Injection Control Permit Application, including all EPA required attachments, and current permit per Section 1.1.1.

**SECTION 7 – CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Title
Printed Name	Date